



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

REFERENCES:
505 KAR 1:110
3-JTS-3A-15; 1E-07
3-JCRF-3A-09
1-JBC-3A-14
4-JCF-2A-16

CHAPTER: Program Services

AUTHORITY: KRS 15A.0652

SUBJECT: Advanced Care Unit

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TOTAL PAGES: 3

EFFECTIVE DATE: 1/04/2016

APPROVAL: Bob D. Hayter

, COMMISSIONER

I. POLICY

The Advanced Care Unit (ACU) shall operate as a short-term, self-contained program designed to stabilize and assess the treatment needs of committed or sentenced youth who are in an out of home placement and have documented or suspected mental health histories or special medical needs.

II. APPLICABILITY

This policy shall apply to the Department of Juvenile Justice (DJJ) operated ACU.

III. DEFINITIONS

Refer to Chapter 300.

IV. PROCEDURES

- A. The admission and discharge of a youth from the ACU shall be in accordance with the DJJ classification system.
- B. Youth being transferred to ACU for stabilization or assessment shall be taken off Treatment Track, except in cases where medical necessity requires this placement. In the event placement exceeds thirty (30) days youth shall be placed back on Treatment Track and returned to the level of treatment achieved at the sending facility.
- C. The assigned youth counselor shall develop a special management plan (SPM) for the youth within seventy-two (72) hours of admission to the ACU. They youth shall receive a copy of this plan. The SPM shall:
 1. List general behavior expectations for the youth;

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2. Be signed by the youth and the youth counselor; and
 3. Be updated as needed by the youth counselor and the treatment team.
- D. The ACU will operate as self-contained from facility operation, except in circumstances in which integration serves a treatment purpose for the ACU group or integration has been added on an individual youth SPM as part of their transition plan.
- E. Treatment shall be intense and individualized.
1. Counselors shall be available daily to conduct individual and group sessions, as well as assist with crisis intervention and problem solving, as needed;
 2. Individual counseling shall occur two (2) times per week for a total of two (2) hours; and
 3. Group interventions shall be based on the skill level and needs of the population of the unit and will occur two (2) times per week. If group work is not practical or conducive to the particular population, individual sessions shall be added to assist the youth with stabilization.
- F. Treatment shall be coordinated by the facility treatment team and the youth's assigned counselor.
- G. The treatment team shall review progress on a weekly basis to monitor the effectiveness of the SPM and progress of each youth.
- H. The Treatment Director, Regional Psychologist, and Chief of Mental Health Services shall be available for consultation, as needed, to assist with identifying treatment needs, SPM's, or transitional planning.
- I. Due to intensive supervision needs of youth admitted to the ACU, the following shall apply:
1. Required minimal staffing shall be one (1) youth worker (YW) on duty for every eight (8) youth during awake hours and one (1) YW on duty for every ten (10) youth during sleep hours; and
 2. Staff may secure residents in their rooms at intervals not to exceed fifteen (15) minutes, in order to ensure the safety of all residents and complete tasks that may compromise line of sight supervision.
- J. Safe room procedures shall be as follows:
1. Suicidal youth may be placed in the safe room with the door secured if they present an immediate assault risk to staff or other youth as evidenced by physical actions and other less restrictive interventions have failed or are not appropriate. One-to-one supervision shall be required until otherwise determined by a QMHP and a mental health evaluation. Staff shall follow protocol for dealing with mental health emergencies and

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suicide prevention and intervention for a youth, who has been placed in isolation and expresses suicidal ideation.

2. If a youth secured in the safe room starts self-injurious behavior, treatment staff shall contact the Treatment Director or Regional Psychologist immediately. The door may only remain secured with a self-injurious youth with approval from the Treatment Director or Regional Psychologist. If staff is directed to open the door or the self-injurious behavior escalates to the point that use of restraint to protect the youth is necessary, staff shall follow restraint procedures outlined in DJJ policy.
3. Staff shall issue the youth a security blanket if requested when behavior is not violent or threatening.
4. Staff shall provide the youth with a mattress if the youth is cooperative and is expected to remain in the room overnight.
5. Staff shall issue the youth a security smock, paper gown, or security blanket when the clothing of the youth has to be removed for safety reasons.

V. MONITORING MECHANISM

The ACU Committee shall monitor the ACU on an on-going basis.